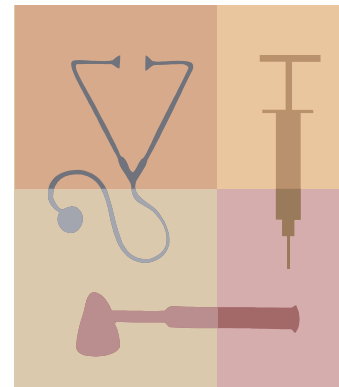


OPEN ENROLLMENT 2004

TIME TO REVIEW YOUR BENEFIT CHOICES

CAREFULLY READ & EVALUATE YOUR OPTIONS



This is an important time of year for State of Indiana employees. This is the time you need to review your Benefit options and make changes if needed. During this period, you can add or drop benefits, make changes to current benefits or enroll in the various plans offered by the State including Health, Dental, Vision, Long Term Care, Retiree Flexible Spending Program and TAXSAVER.

There are some important differences in the medical plans this year, as well as new premium rates and co-pays. You will need to review and understand them in order to choose what plan option is best for you.

IMPORTANT CHANGES REGARDING:

- **Humana**
- **Anthem HMO**
- **Alternative Health Plans**
- **New Dental Carrier**
- **Student Certification**
- **Medical & Dependent Spending Accounts**

You may visit the State Personnel Department website at <http://www.in.gov/jobs/openenrollment/> for more information on your insurance coverages.

ANTHEM HMO AND HUMANA WILL NO LONGER BE AVAILABLE

- Employees currently covered by Anthem HMO and Humana must choose another carrier or medical coverage will stop.
- Employees on Payroll A: coverage will terminate January 4, 2004 at 12:01 a.m. (EST).
- Employees on Payroll B: coverage will terminate January 11, 2004 at 12:01 a.m. (EST).
- Direct Bill / Quasi agencies: coverage will terminate JANUARY 1, 2004 at 12:01 a.m. (EST). For employees affected by this change, premiums will begin January 1, 2004 with a new carrier.

NEW DENTAL CARRIER – DELTA DENTAL

Delta Dental will now provide the dental plans. Your Anthem coverage will stop with the effective dates. There will be three options available to you in 2004. Make certain that during the open enrollment period you choose the type of coverage you want. Check the State Personnel Department website for more information. Under these plans, your current dentist may not be available so be sure to review availability and benefit summary for more information.

OPEN ENROLLMENT DATES

The open enrollment period is different this year! The open enrollment period this year will be held from November 9, 2003 through December 1, 2003 for all pay groups including Payroll A, Payroll B, and quasi agencies. Again, this 22-day open enrollment period is for all employees! The effective date of coverage or changes in coverage are :

Payroll A – January 4, 2004

Payroll B- January 11, 2004

Quasi/Direct Bills – January 1, 2004

Employees on Disability: JWF Specialty will be sending open enrollment communications to employees on disability. If you have questions regarding open enrollment while on disability please contact JWF Specialty. Employees on disability are required to use the self-service process for open enrollment.

If you need assistance using the self-service process you may contact your agency. Your agency may assist you in processing your open enrollment elections; however if an AS47 is generated the AS47 must be sent to JWF Specialty for processing.

DEPENDENT ELIGIBILITY

Dependent children may be included in your benefits until the end of the calendar year they turn age 19 without providing additional proof of eligibility. Contact your Benefits Coordinator for eligibility requirements.

To continue coverage for dependents over the age of 19 you must complete the Student / Disabled Dependent form each year. You must give the form to your agency Benefits Coordinator during the open enrollment period to maintain eligibility for your dependent(s). The agency will send the form to the applicable medical, dental, vision and life carriers.

Disabled dependent children must be certified each year after age 19 to continue coverage. Disabled dependents may continue benefits past age 23 provided eligibility is maintained and the Student / Disabled Dependent form is submitted.

Full-Time Students may continue coverage until the end of the calendar they turn age 23 provided the Student / Disabled Dependent form is submitted with the appropriate signatures. We will no longer require proof from the educational institution for enrollment; however this proof may be requested periodically by the carrier to confirm eligibility.

The Student/Disabled form must be submitted annually at open enrollment for disabled dependents between the ages of 19-23.

ENHANCEMENTS TO THE HEALTH PLANS

Each carrier has two plan options this year. The current plans are now identified by the roman numeral I. A new additional plan design identified by the roman numeral II is available with each carrier. Detailed information is available in this packet and on-line. Be sure to review your options before choosing a health plan.

AUTOMATED SELF-SERVICE OPEN ENROLLMENT

This year, you will make changes to benefits by accessing the PeopleSoft automated self-service enrollment process during your open enrollment dates. While you will not be using carrier applications, Payroll Authorizations (AS-47) are still required. You may print an AS-47 after you have made your selections and have submitted them electronically. If you do not have access to a printer, you will need to inform your agency so one can be printed for you to sign and date. Your benefit selection will not be complete until this printed form is received.

Contact your Benefits Coordinator for more information.

- A tutorial is available at the sign on page of PeopleSoft and will provide a demonstration of the process. We strongly recommend that you watch the tutorial before beginning the on-line selection process. As a minimum requirement you will need one of the following web browsers to access self-service: Internet Explorer 5.0 or Netscape 4.7.

IMPORTANT FACTS

- You will need to access 2004 Health Insurance Open Enrollment by using the **PeopleSoft automated self-service process**. You will not be completing paper applications and forms this open enrollment.

The web address to access your benefits information online is:

<https://gmis.state.in.us/hrprd/signon.html>

- If you do not have a computer with Internet access at work, home or by other means, you will need to make arrangements with your agency to access self-service for open enrollment.
- To log on to the self-service you will need your User ID and Password. Your User ID will be provided by your agency HR Office. The password is the first letter of your first name, last four numbers of your social security number, and the first letter of your last name. The password will need to be changed the first time it is used. For questions regarding log-in, please see the attached Frequently Asked Questions.

Self-service will be available 24 hours a day, seven days a week during the specified open enrollment period. You may access 'Information & helpful Hints' from the sign on page for instructions and information on how to complete the automated self-service enrollment process.

ABOUT YOUR HEALTHCARE PROVIDER (PHYSICIAN)

- Service Area: Refer to the list showing the counties where the HMOs are located.
- It is important that you contact the carrier to make sure you are eligible for coverage based on their service area. Make sure the provider you select is still available through your chosen HMO and accepting new patients. Even if your physician is accepting a particular insurance company, they may not be participating in the State plan. The only way to verify physician participation is through the insurance company.
- If your doctor drops out of the HMO network: Enrollment in an HMO should not be based on provider participation as this can change before the next open enrollment. You must choose a different physician if your doctor drops out of the HMO network. You can not change to a different plan if there are other physicians in the network accepting new patients or another network in the same HMO is available in your area.
- HMOs may add, drop or change providers when their contracts with these physicians and/or hospitals expire.

LONG TERM CARE INSURANCE

The Plans available this year are limited to plan numbers 2, 4, 6, 8, 10, 12, 14, and 16. This benefit is not available as a payroll deduction. Brochures explaining this program will be distributed to your agency. For detailed information about the State's Long Term Care Insurance product call 1-800-544-0327. For general information about Long Term Care Insurance and the Indiana Partnership Program, visit www.longtermcareinsurance.in.gov or call 1-866-234-4582 (state agency).

MEDICAL AND DEPENDENT SPENDING ACCOUNTS

There will be a separate special open enrollment period held for this benefit. Information will be forthcoming.

These accounts may save you money!

Flexible Spending Accounts are available for qualified medical and dependent care expenses. The Flexible Spending Accounts allow you to set aside money prior to taxes for reimbursement of qualified medical and/or dependent care expenses you pay out of pocket. You may choose to participate in the Medical and/or Dependent Spending Accounts. There is an administrative fee if you choose to participate. That fee will be announced at a later date. If the fee exceeds the amount you are willing to pay you will have the opportunity to disenroll.

Some important points to remember are:

- You must re-enroll each year if you wish to continue participation in these accounts. Participation does NOT continue automatically from year to year.
- The income you set aside must be used for qualified expenses within the plan year or it will be forfeited.
- Claims for reimbursement will be accepted only for services incurred during the plan year.

- Requests for reimbursements may be submitted any time during the plan year, but must be submitted no more than ninety (90) days after the end of the plan year.
- You must list eligible dependents on the Election / Change Form at the beginning of the plan year. Changes in participation are only allowed within 30 days of a qualifying event.

The plan year maximum that can be placed in the **Medical Spending account** is \$5000.

The plan year maximum that can be placed in the **Dependent Care Spending account** is \$2500 for an employee filing a single tax return, or for a married employee who files separately on taxes. For a married couple filing a joint tax return, the plan year maximum is \$5000.

It is important to remember that you must divide the total annual amount you wish to contribute to the spending accounts by the number of pay checks you receive in that plan year. Please see your Benefits Coordinator for more detailed information on eligible dependents and/or qualified expenses.

RETIREE FLEXIBLE SPENDING PROGRAM

Employees who retired on or after 1/1/03, but prior to this open enrollment will be sent an Open Enrollment packet if an Intent to Participate application form was submitted to the State Personnel Department at the time of retirement. The packet will include an Open Enrollment / Confirmation to Participate form. This form, which confirms the final selection of options for the individual, must be completed and returned to the State Personnel Department during Open Enrollment.

If you are retiring **after** the 2004 Open Enrollment period, but before the end of December 2003 you **MUST** complete and return to State Personnel the Open Enrollment / Confirmation to Participate form during the Open Enrollment period in order for your funds to be available in January 2004. You will still need to complete the Intent to Participate form when you actually retire.

IMPORTANT NOTE: Should you retire by the end of December 2003, following the Open Enrollment period, without having completed the Open Enrollment / Confirmation to Participate form during Open Enrollment, you will experience a delay in participation in this program. Individuals falling into this category will have their applications held until the next Open Enrollment period (Fall/Winter 2004) and funds would not be available until January 2005.

Contact your Benefits Coordinator to obtain the forms or if you think you qualify for this program.

TAXSAVER PROGRAM

This benefit will save you money!

The TAXSAVER program allows your Insurance contributions to be deducted from your gross pay prior to taxes. Taxes are calculated on lower pay resulting in more take home pay. This is not a tax deferral, but a permanent tax reduction for as long as you participate, however, this program has restrictions required by the Internal Revenue Service. You want to click on the “before tax” in PeopleSoft in order to elect this money saving benefit.

Because of the restrictions, you:

- May not change insurance payroll deductions except at open enrollment, unless there is an approved qualifying event
- Must notify your agency within 30 days of the event and complete any required forms to make the change

- Must provide evidence of the qualifying event (a birth certificate, marriage license, etc.) to your Benefits Coordinator.

Payroll deductions receiving this tax advantage may only be changed at the following times:

- Open Enrollment: During open enrollment, payroll contributions under Tax saver may be started, changed or stopped during specified dates.
- Qualifying Events: Marriage or divorce of the employee; Death of the employee's spouse or dependent; Acquiring a dependent (birth, adoption, etc.); Termination of employment (or the commencement of employment) of the employee's spouse; Switching from part-time to full-time or full-time to part-time by the employee or the employee's spouse; Taking of an unpaid leave of absence by the employee or the employee's spouse; Bankruptcy.

EMPLOYEE ASSISTANCE PROGRAM (EAP) 1-800-223-7723

As a State of Indiana employee, you and your household members have free access to a statewide Employee Assistance Program (EAP). This program can provide you and your household members with support during difficult times, as well as assistance in managing day-to-day concerns. The program is voluntary and provides brief, confidential telephonic counseling assessment and possible referrals for services usually in conjunction with benefits afforded under your state-sponsored health carrier. EAP counselors are available 24-hours a day, seven days a week. This is a confidential program and contacts are not reported to your agency or to the State Personnel Department.

YOUR RESPONSIBILITIES INCLUDE...

- You should discuss any questions or concerns you have about your choices with your HRD, Benefit Coordinator, or Payroll Clerk.
- You must complete changes to your benefits using the automated self-service process during the open enrollment dates for your payroll.
- Make sure ALL eligible dependents have been included. Remember, for insurance purposes a spouse is considered a dependent. Only those dependents listed will be eligible for coverage.
- You must date and sign a Payroll Authorization if required. Without the AS-47 your changes may not be made and the correct contributions will not be coded for payroll deductions.
- Reporting change in family status after Open Enrollment ~
- If you have a change in your family status after open enrollment that affects your insurance coverage and/or contributions such as adding or deleting dependents, etc., you must inform your agency and submit the appropriate paperwork within 30 days of the event. Calling the carrier will not initiate the change.
- All completed forms must be turned into your agency within 30 days of the change in status. DO NOT SEND FORMS DIRECTLY TO THE INSURANCE COMPANY.
- If you neglect to turn in the paperwork to your agency within the required time frame, you will NOT be able to make the necessary changes, such as adding a new baby to coverage, until the next open enrollment.
- Review your paycheck on December 31, 2003 or January 7, 2004 to make sure the correct deductions are being taken out of your pay.
- Address Changes: You must notify your agency AND the insurance companies immediately when your address changes. You may miss out on important information, refund checks, etc., if you fail to give your new address.